

**Commonwealth of Massachusetts**  
**BEFORE THE BOARD OF CONCILIATION AND ARBITRATION**  
**PETITION TO INITIATE GRIEVANCE ARBITRATION**

**PLEASE TYPE OR PRINT**

1. Labor Organization \_\_\_\_\_ **FEIN Number** \_\_\_\_\_  
Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_  
Labor Relations Representative \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

2. Employer \_\_\_\_\_ **FEIN Number** \_\_\_\_\_  
Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_  
Labor Relations Representative \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

NATURE OF EMPLOYER'S BUSINESS \_\_\_\_\_

NAME OF GRIEVANT \_\_\_\_\_

3. A.) Brief statement of the nature of this dispute: \_\_\_\_\_

\_\_\_\_\_ B.) Statement of the remedy sought: \_\_\_\_\_  
\_\_\_\_\_

If Joint Petition:

\_\_\_\_\_  
Signature & Title of Labor Organization's  
Representative

\_\_\_\_\_  
Signature & Title of Employer's  
Representative

If Petition Brought by **One Party**:

**I hereby certify that I have caused a  
copy of this petition to be served on the  
Representative of the other party.**

\_\_\_\_\_  
Signature & Title of Petitioning Party's  
Representative

\_\_\_\_\_  
Date Signed

Instructions: (1) **Submit the original and one  
copy of this petition and a copy of the  
Collective Bargaining Agreement, to:**

**Board of Conciliation & Arbitration  
399 Washington Street, Fifth Floor  
Boston, MA 02108  
Telephone: (617) 727-3466**

**Fax Number: (617) 727-4961**

**Effective 8/1/02**

(2) Include fee of \$1,200.00 for private  
sector and \$600.00 for public sector.  
Fee shall be paid in equal shares by  
the parties --M.G.L. Ch 150, Sec. 6.

(3) Indicate whether this grievance has  
ever been mediated by the Board  
prior to the filing of this petition:  
Yes \_\_\_\_\_ No \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

Case No. \_\_\_\_\_

Date Filed \_\_\_\_\_